G, R. S. 58]

Previous references.

Edn 10 - 09 S. 1 .. 10.

File No. 164-14.

1914-15

(Edn)

Serial Nos. 142

Later references.

Edn '06 - 10 153.

117-16-3

192-23 13, 5-13

GENERAL AND REVENUE SECRETARIAT.

P

Part B for June, 1946

Serial Nos. 142.

SUBJECT.

Medical Inspection of schools and Scholars

Serial 2. To the Dy. of Edn. Comptroller
Genl. Surgn & San. Commr.
Heads of Depts & Dy. Commrs of Distts.
No. 5220-68. dt. 24.3.1946.

Approves of a scheme for a systematic Medical Inspection of schools and Scholars at Headquarters in the State

W D 1851—GPB—20,000—13-12-13

G. R. S. 11] 1914

GENERAL AND REVENUE SECRETARIAT.

(Edn)

NOTES.

File No. 164

FILE HEADING.

Medical Inspection of Schools etc.

From

The D.P. of Edn.

No. 17261/781 Dated 20.4.15 Received 28.4.15

Diary No. 2700 | Enclos 1 file Spare Copies. - | Serial No. 1

BRIEF ABSTRACT OF LETTER.

Submits proposals for the medical inspection of school-children in the Schools under public management.

NOTES AND ORDERS.

A scheme for the inspection of School-chil in Stations where there are medical Officers has been working since 1909. It took its origin in a circular of May 1909 issued by the Sanit

1 L

NOTES—First Sheet

GPB—20,000—8-P-11

General and Revenue Secretariat.

Edn. File No. 164 of 1914.

Serial No.	
	Conv. on his own initiative and responsibility with the approval & cooperation of the D.G. of Edn., directing the medical officers to examine the School-children in their respective stations. The reports on public instn. contain a paragraph about the working of this Scheme, and it has been reported to be working satisfactorily. The Critical reports for 1909-10 & for 1912-13 are put up for refce.
	~ The subject was again considered by the Economic conference in the birthday session of 1913, and a copy of the G.O. passing orders on these resolutions and requesting the D.G. to submit proposals in the matter in consultation with the Senior Surgeon & Scan. Comr. is put up. The proposals now submd. by the D.G. ~~have~~ for ~~enforce~~ only the District headquarters where invariably there are medical officers and who have to examine the School-children under the existing State of affairs. But the scheme is more systematic and contemplates the following additional registration of the results of the medical inspection etc.

NOTE- Contn sheet.

GPB—25,000—23-3-17

General and Revenue Secretariat. | Edn File No. 164 of 1914.

Serial No.		
	as also the delivery of lectures to the teachers under training in the Normal schools on ~~allied~~ subjects allied with the medical insp^{n}.	
	4 The following additional expre. is also proposed :—	
	1. Remuneration to medical officers for insp^{s} abt. 30000 students (1 anna each) .	Rs 2000
	2. appt. of 3 clerks one on Rs 50, & two on Rs 30 each & 2 orderlies on Rs. 7 each for 4 months & a cont. grant of Rs. 6 p.m. for the period [~~Remuneration~~]	520
	3. Remuneration to Eye-Experts & actual cost of travelling for students to come to the Ophthalmic Hospital for the Exn. of the Eye	500
		3020 ~~3022~~
	The cost of the lectures proposed is	375

NOTE.—Contn sheet

GPB—25,000—22-3-15

G. R. S. 12]

General and Revenue Secretariat. | Edn. File No. 164 of 1914.

1812

Serial No.

~~3995~~

The total cost of the scheme is Rs ~~3995~~ Rs.3395/-

5 Submd. for orders.

6 Dr. II has to be consulted.

8/6
6.5.15.

7 It will be worth while to incur this comparatively small cost, as we are likely to obtain valuable sociological data.

In forwarding please return

Edn
7/5

Educn 1812 7.6.15. Dr II

Subd
Dr II
7/5

& The scheme is ideally good but is likely to result in a mere waste of public money. It is not clear what is going to be gained by incurring the Exp of Rs 3,395 proposed. ~~The Educational Expert with practically basing~~ If it is to be an elaborate examination of the physical ~~Educational~~ Condition of all school boys, it will not achieve that purpose. But if it is to be only a test Exn of some reasonable number of Students to ascertain the more common defects they are ~~defective~~ suffering from ~~it may~~

NOTE- Contn sheet

GPB—25,000—22-3-15

G. R. S. 12]

2700 1812

General and Revenue Secretariat.

File No. 464 of 191 .

Serial No.	
	this work cannot well be done by the existing medical & Sanitary officers without any & the remuneration and without the entertainment of & the Estt. Useful information cannot be ~~of~~ obtained by the Exn of a few ~~hundred~~ or thousand boys or without incurring for the Exp^re and this may perhaps be enough. It is not necessary to examine 30,000 boys & incur special & p^l on that account.
	9 The Health lectures & Teachers may be arranged if no Extra Exp^re is involved thereby - Payment for lectures when many hospitals & books giving all the information required by the layman are available, is a waste of public money. (Desai) 12/5
1812	(10) In the present financial situation the scheme may be postponed (Sr VI) 17/5 Asst 18/5
NOTE--Contn sheet	Submitted 11 Asst 19/5

GPB—25,000—23-3-17

G. R. S. 12]

General and Revenue Secretariat. | G. | File No. | of 191

Serial No.

12
The cost of the scheme being small, it may be sanctioned for a period of 2 years. Great importance is attached nowadays to collect reliable information regarding the health conditions of pupils undergoing instruction & increase the efficiency of the child population by prevention of care of diseases

(Council matter)

To M.
Papers on the Subject.

6/15

Sent in 15/6/15.

1st Reminder 15/8/15

Rem 20/8/15

X E

13
In an order of Govt dt. 3 Nov 1913, the Inspector General was ~~at~~ asked to submit proposals in detail to carry out Res^ns of the Ec. Conference concerning Medical inspection of Schools. Has any reply been received or is this the reply? The D.G. does not refer to that order.

Please compare this scheme

NOTE—Contn sheet

GPB—35,000—22-3-15

General and Revenue Secretariat.

Edn 27/5/15

File No. 164 of 1914

Serial No.

and note how it agrees with the other.

15 (The Ed. Com. file is tacked for reference. It may be detached & sent back afterwards)

28/6/15

18. Submitted with the Comparative note received from the Ld. to the Edn. Com.

8/7. Ll
28.7.15.

First Member)

19 29/7/15

20 I think the Inspector General's Scheme may be given a trial. Please draw up a final note containing all the points and send up for being placed before the Council.

5/8/15 Secy

6/8

21 Secy 4/6/8

SK9

17 Secy to H.E. the Governor in Council

17 Secy to H.E. the Governor in Council

(1) Origin of the proposal.
(2) Previous orders.
(3) Cost of D.G.'s proposals.

NOTE—Contn. sheet.

GPB—25,000—22 3-15

R. S. 12]

General and Revenue Secretariat.	File No. (illegible) of 1916

Serial No.

(illegible)
Secretary

First Member)

22 KS 13/8/15
23 Dewan 15/8
24 KS 16/8

Note appd. by the First member
17.8.15.
MGS

25 Forwarded for the General Secretary
in favour of circulation

19.8.15

Pethy 20 Tamil
C/H Secy Dept of Dewan
&c

KS 19/8

26 C.S. circulated 21/8

Submitted for kind perusal before including this subject in the Agenda

Dewan)

Dewan Rao
27/8

1771
28.8.15

27 The subject may be brought up at a meeting of Council. Perhaps the scheme may be sanctioned but effect may be given after the financial situation improves.

30-8-15

CS (illegible)

NOTE—Contn. sheet.

GPB—20,000—30-6-15.

For disposal at a Meeting.

No. C. 98.

26. 8. 1915.

GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUBJECT.

(Clauses iii & viii of the Schedule).

Proposals of the Inspector General of Education in regard to the systematic medical inspection of schools at District Head Quarters.

CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

D. M. Narasinga Rao

Secretary to Government.

..25.th..August.....*1915* .

Extraordinary Member of Council.

9.9.15.

First Member of Council.

Seen by the First Member of Council.

Second Member of Council.

Rec'd 27/8

4/9

GPB—1,000—3-2-14

G. R. S.

Extract from the Proceedings of the 364th Meeting of the Council of His Highness the Maharaja, held at Bangalore on the 11th November 1915

---

13. SUBJECT.- (Clauses iii and viii of the Schedule).

Proposals of the Inspector General of Education in regard to the systematic medical inspection of schools at District Head-quarters.

DECISION OF THE COUNCIL.

28

The proposals may be approved.

Sd/- P. Visvesvaraya,
Dewan of Mysore.

"EXTRACT"

D. M. Narasimha Rao 13/11

Secretary to Government,
General Department.

PB—2,000—5-5-10

G. R. S. 12]

General and Revenue Secretariat.

File No. of 191 .

Serial No.

Extract from the Proceedings of the Council is put up.

Forwarded with compliments to the Secretary to Government Departments of Education & Agriculture for favour of necessary further action.

By Order,

D. M. Narasimha Rao 13/11

Secretary to Government,
General Department.

To Fl W.O. 834-15

To Fd Secy for favour of concurrence

14/11/15

16/11/15 (Recd)

3/ 17.11.15

I respectfully adhere to my opinion of 17.5.15 c.c. in the present financial situation the scheme may be postponed The proposal is not, as far as I am able to make out from the Dy. of Education's letter, to undertake a systematic periodical medical inspection of school children, but to have only

NOTE.—Contn. sheet

W D. 135—GPB—200—29.7.15

325

. R. S. 12]

General and Revenue Secretariat.

Eor File No. 164 of 1914.

Serial No.	
	one inspection made as an experimental measure at Dist. Head-quarters. No benefit from any such action can be expected unless it is regularly & periodically carried out. It is therefore better to postpone action until we are financially able to undertake action on an effective scale. JM 24/4/15
	For VI)
	33 Submd. with the opinion of the Financial Deptt.
	8/R. 26.11.15
	34 With draft Final note'
	A 4/12/15
	35 1st number 4/12/15
	Final note signed by First member is put up. 9.12.15
	Please send draft D.S.W.
	For submission of the Secretary
	Sd/ 10/12
	Sd/ 16/12

NOTE—Contn. sheet.

GPB—20,000—30-6-15.

325

(P. S. 12]

11

General and Revenue Secretariat. | File No. 164 of 1914.

Serial No.	
	36 With D.S.R.
3084 15.12.15	Secretary 14/12/15
	37 Please bring up again at a meeting of Council. The scheme may be approved but sanction deferred till the financial situation improves. 16-12-15.
	38 2 Rs Leg. Asst. 16/12/15
	Col. 39 Circulate 16/12/15
	40 17/12/15
	41 week 23/12
	42 28.12.15
	16/12
	23/12/15
	31/12/15

NOTE—Contn. sheet.

GPB—25,000—2 11 11

Extract from the Proceedings of the 371st Meeting of the Council of His Highness the Maharaja, held at Bangalore, on the 12th January 1916

---

14. SUBJECT. - (Clauses iii & viii of the Schedule).

Proposals of the Inspector General of Education in regard to the systematic medical inspection of schools at District Head-quarters.

OPINION OF THE COUNCIL.

43 The scheme may be brought into operation without remuneration to medical men for examination of pupils.

SD. M. VISVESVARAYA,

DEWAN OF Mysore.

"EXTRACT"

D. M. Narasinga Rao 13/1

Secretary to Government,

General Department.

W. D. 1964—GPB—500—14-12-15

325

13

G. R. S. 12]

General and Revenue Secretariat.

Edn File No. 164 of 1914

Serial No.

Extract from the Proceedings of the Council is put up.

44 Forwarded with compliments to the Secretary to Government, Depts of Education & Agriculture for favour of necessary further action.

By Order,

D. M. Narasimha Rao 13/1

Secretary to Government,
General Department.

45
Please send up a D & N

A
13/1/18

M
13/1

Sd

NOTE—Contn. sheet.

W. D. 135—GPB—200—29-7-15

G. R. S. 12]

325

14

General and Revenue Secretariat.

File No. 14 of 1914

Serial No.

4b The present resolution of the Council modifies the scheme to the extent of not paying remuneration to medical officers for the work of inspection to be done by them. According to the recommendation of the D.G. the remuneration payable to medical officers is

Rs 2000 in general

+ Rs. 500 to eye-experts.

Perhaps it is intended to entertain the establishment to tabulate the results of the medical inspection etc. at a cost of Rs. 520. In that case the modified scheme would involve a very small cost as compared with the original cost-estimate. If so the Finl. Secy. may again be consulted to reconsider the objections taken by him.

4) It is also for consideration whether the Senior Surgeon or the D.G. may be consulted again whether the scheme could be worked without remuneration to the medical officers.

4a Submd. for orders. 4) It is a point for consideration whether ~~the~~ the final note 4 in the draft therein does not require any alteration in view to the Council resolution

Perhaps not

4)

17.1.16.

4a D.S.N. is honoured as directed

4)

17.1.16.

8)

NOTE—Contn. sheet.

GPI—70,000—17-12-15

G. R. S 12]

325

15

General and Revenue Secretariat. | Edn File No. 164 of 1914.

Serial No.	
50	

L.W.O. 1318 9/15

To Hill Secy for favour of submission to the Council. Edn

A
18/1/16

Subd.
DMB
20.1.16. Hesen)

Ag
20.1.16

51 seen - I acquiesce in the remid opinion of the Council -

DMB

Bar VI)

DMB
Ag
8/2

52 Sent with D 1N

Ag/

53) Please put up a clean copy

A
copy.

54)
Clean copy subd.

Ag 14/2
Sen)

55) Note D.S.N

A
12/4..

Dewan
~~Hyd~~,

56) Put up draft G.O

Ag
1/3

L 1258
14.2.16

EM

NOTE—Contn. sheet.

GPB—70,000—17-12-15

Final Note by the First Member of Council.

Subject:—

57). Proposals of the Inspector General of Education in regard to the systematic medical inspection of schools at District Head Quarters.

---

58) The Sanitary Commissioner with the Government -- issued on 1st May 1909 a circular for the medical inspection of schools, on his own initiative and responsibility with the approval and cooperation of the Inspector General of Education. In the annual administration reports of the Education Department this scheme is reported to be working satisfactorily.

59) The subject was taken up for consideration by the Economic Conference at the Birthday session of 1913, and in passing orders on the resolutions of the Conference, the Inspector General of Education was requested to consider the scheme of medical inspection of schools and to submit proposals in the matter in consultation with the Senior Surgeon and Sanitary Commissioner.

60) 2. The proposals now submitted by the Inspector General of Education provide only for the District Head Quarters where medical officers are available. These -- officers have under the existing orders of the Sanitary Commissioner, to inspect the pupils of schools. But the scheme now formulated is more systematic and provides for regular inspections and registration of the result of the inspections made. A number of lectures is also proposed to be delivered by medical officers at the station, to the teachers under training in the several Normal Schools of the State.

17

(61) 3. Including the remuneration to be paid to the medical officers and eye-experts and the charges of appointing -- temporarily a clerical staff and peons to formulate the results of the inspections made, and the cost of travelling allowance to students for attending special medical institutions like the Minto Ophthalmic Hospital,and the honoraria to the lecturers, the total cost of the scheme is Rs.3,395/-

(62) The scheme is worth a trial and may be sanctioned. A great deal of attention is paid in other parts of the world to this important subject and though our funds may not permit our taking action in the elaborate manner adopted in other countries it is desirable to make a modest beginning. It would be a great gain if we are able to pick out even by occasional inspections boys suffering from any well-known disease or infirmity and give suitable advice to the parents for the treatment of such cases and the general maintenance of health among the children. The Financial branch advises the postponement of the scheme until we are in a position to provide funds for a more comprehensive scheme, but a satisfactory and comprehensive scheme can only be devised after experience locally obtained. The matter was considered in Council and the Council are of opinion that the scheme may be sanctioned. The cost for the current year may be met by reappropriation from the funds in the Education Budget.

H. H. Wenjimalagan

Dated 9.12.15 First Member of Council.

STATEMENT OF CASES SUBMITTED FOR THE ORDERS OF HIS HIGHNESS THE MAHARAJA DURING THE TOUR OUTSIDE THE STATE IN.....February.....1916.

Serial No.	Subject	Recommendation of Council, or Member of Government in charge, as the case may be	Dewan's recommendation	Orders of His Highness	Orders regarding submission of files (*vide* foot-note)
605	Proposals to carry out systematic medical inspection of schools at District headquarters.	Opinion of Council. The scheme may be brought into operation without remuneration to medical men for examination of pupils.	The resolution of the Council may be graciously approved.		"C" 25.2.16

18/2/16 H. Manjunadayya

NOTE.—The letter a, b or c may kindly be inserted by the Private Secretary to His Highness in the last column to indicate whether –

File may be submitted at once ... . a
File may be submitted after His Highness' return ... ... b
File may not be submitted at all c

WD 2105—GPB—300—16-2-16

Submitted to His Highness.

P 63) I submit herewith a 'final' note by me regarding the medical inspection of schools at the District head-quarters.

64) The scheme as proposed by the Inspector General of Education involves an expenditure of Rs.3,395.

65) 2. The Financial Secretary who was in favour of postponing the scheme until the state is financially able to undertake action on an effective and more extended scale is in favour of the modified scheme as approved by Council which does not involve the payment of any remuneration to medical officers and reduces the cost by Rs.2,500.

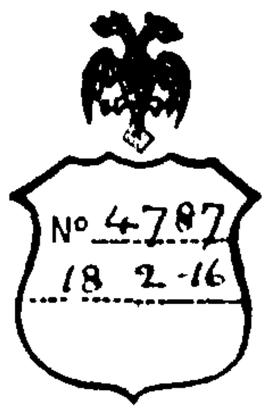
66) 3. The resolution of the Council may be graciously approved.

187/16

H. Macpherson

325

Record of Cases submitted for the Orders of His Highness the Maharaja



Subject.

Proposals to carry out systematic medical inspection of schools at District head-quarters.

756

Order.

6) ~~KRMS~~
25/2/16

Secy. to A.

6) 28/2/16

135

12-4-16

6) 1/3/16

1/3/16

G. R. S. 12]

21

General and Revenue Secretariat. | File No. of 191

Serial No. 69)

Draft order dated
8c Rem Authority copy drafted by
11/3/16 Remd

11/3

70)
Tidy draft sent
ek
11/3/16

70) For approval. The resolution of the council regarding the examination of pupils without recommendation. Part of para 3 of pupils and the 4 years course for the teachers as the rate of pay a teacher in the 5 normal schools. Whether this may be sanctioned in a form of order. The resolution of the Council is silent. Still as it is a recommendation to Medical officers, I have omitted it from the draft.

13/3

71)

72) Please read the draft
so as to explain the main features
of the scheme in the draft - touching
the scheme what recommendation of Medical
Officers' is not [illegible] to state in
the draft

13/3/16

73) Already sent over

13/3

NOTE—Contn. sheet.

GPB—70,000—17 12-15

G. R. S. 12]

General and Revenue Secretariat.

Order File No. 164

ISSUE & SUBMIT. (22)

FOR FURTHER ACTION of 1914.

Serial No.

74) I have re-written the draft. Please favour of correction

Hy 16/3

75) Fair draft submitted 16/3/16 16/3/16

76) Draft Proposal

Hy 16/3

77) Proposal circulated to the S. & E.s. That I think one clerk on Rs 50 & another on Rs 30 should be sought for & obtained this month

Hy 17/3

1st Minister 19/3/16

Hy 20/3

78) Draft approved

21/3/16

79) Put up a clean draft as revised & allowed to come up next

Hy 22/3

80) Clean draft submitted 23/3/16

Hy

Sent up next

23/3

NOTE—Contn. sheet.

GPB—70,000—17 12-15

G. R. S. 12]

2046

General and Revenue Secretariat.	Edn. File No. 164 of 1914.

Serial No.	

For financial opinion recorded kind attention is invited to paras. 8, 9, 32 & 51.

May this be Communicated to the Comptroller? Submitted with draft and fair.

8/4/16.

Communicated 8.4.16

Communicated 10/4

Secretary to Govt. Medical Dept.

A proof of the order received from the Press has been revised & sent with draft for signature

Secretary to Govt. Medical Dept.

Returned by the Secretary to Govt. Medical Dept. 9.4.16

Returned from the Secretary to Govt. Medical Dept.

Returned from the Secretary to Govt. Medical Dept.

Returned from the Secretary to Govt. Medical Dept.

2. Ly. of Edn. Comptroller. Secy Surgl. & San. Commr. HD gdcy/15 & Commrs of Dists. Copy to Br IV no. 5220-68. & 24.3.916.

13.6.16.

To

Approves of a scheme for a systematic Medical Inspection of Schools and Scholars at Headquarters in the State.

tn. sheet

GPB—70,000—17.11.15

Edn. 81]

OFFICE OF INSPECTOR-GENERAL OF EDUCATION IN MYSORE.

DIARY No. 2700

19-19
SECTION
FILE No. 164-16
SERIAL No. 1

No. 17261 ~~781~~ out file 2 Ex 8

Bangalore 20th April 1915.

From

RAO BAHADUR M. SHAMA RAO, Esq., M.A.,
Inspector-General of Education in Mysore.

To

C.S. Balasundaram Iyer, Esq., B.A.,
Secretary to the Government of
His Highness the Maharaja of Mysore,
Departments of Education and Agriculture,
Bangalore.

SIR,

I have the honour to state that a suitable scheme for the systematic medical inspection of pupils in schools under public management has been under consideration for a long time past, but no satisfactory scheme has yet been formulated. This delay is found to be due to some extent to want of sufficient preliminary data for fixing the practical limits of the Scheme. A medical inspection of school-children may be made as wide as possible and generally includes the prevailing conditions of school-life, the physical conditions of the scholars, including cleanliness of person and clothing, defects and diseases, congenital or acquired, the sanitary and other arrangements of the school-house, etc. An elaborate inquiry at once required a large medical staff and heavy expenditure of money, I consulted the Sanitary Commissioner with a view to enable the existing medical staff to do the work as far as possible with a moderate expenditure.

A copy of the Sanitary Commissioner's letter No.4735 dated 12th April 1915 and copies of correspondence that led up to it are enclosed for the information of Government. The

Sanitary

Sanitary Commissioner is agreeable to the employment of the existing medical agency at all District Head Quarters to which places only the inspection is to be confined this year, but in view of the extra and responsible nature of the work entailed, he proposes the payment of one anna for each case examined by a medical officer. There are about 30,000 pupils in attendance at schools at District Head Quarters. For purposes of remuneration, a sum of about Rs.2,000 will be required. He also proposes the entertainment of a small establishment for tabulating the results of the inquiries made and accordingly three clerks, one on Rs.50 and two on Rs.30 each, and two orderlies on Rs.7 each per mensem will be required for a period of four months, together with a contingent grant of Rs.6 per mensem for the same period. Where it becomes necessary to test the sight of the pupils at the Minto Ophthalmic Hospital, further expenditure will be necessary, both in the shape of remuneration to the Medical experts as well as in the shape of travelling and other expenses of the pupils tested. For this part of the proposal, a lump grant of Rs.500 will be needed and the remuneration to be given to the eye-experts may be fixed by the Senior Surgeon according to the nature of the case. The pupils are to be given only the actual travelling cost as may be approved by the Inspector General. The total non-recurring cost as noted below may be taken to be Rs.3,020.-

1. Remuneration to medical officers in general	Rs.2,000
2. Cost of establishment entertained	520
3. Remuneration to eye-experts	500
	Rs.3,020

Next, it is also intended to organize a course of instruction in elementary hygiene for the benefit of teachers under training at the Normal Schools of Mysore, Kolar, Tumkur, Shimoga and Bangalore (new). The course will consist of a

series of 15 lectures on the human body, air, light, food, water, exercise, epidemic diseases and how to prevent them, and modern sanitary methods in general, and these lectures will be delivered by the medical officers selected by the Senior Surgeon. The Sanitary Commissioner proposes paying a remuneration of Rs.5 per lecture, and this part of the scheme will entail a recurring annual cost of 15 x 5 x 5 or Rs.375.

I request you will be good enough to obtain the sanction of Government to the above proposals and for providing in the next year's budget an aggregate sum of Rs.3,395 required.

I have the honour to be,

Sir,

Your most obedient servant,

Sd. Narasa Rao

Inspector General.

TNR.

(4

Letter No.4368 dated 9th April 1914 from the Sanitary Commissioner with the Government of Mysore, to the Inspector General of Education in Mysore.

With reference to para 1 of Government Order No.5081-A/Edn. 67-13-3 dated the 3rd November 1913 generally approving of certain proposals for the Medical inspection of school children and the sanitary inspection of school buildings, I have the honour to state that this office Circular No.4706-14 dated the 1st May 1909 and Circular No.C.40 of 1908-09 dated the 22nd Idem issued from your office provide for a periodical medical examination of school children in any town or union where a Medical Officer or subordinate is stationed. In regard to the sanitary inspection of school buildings the Medical Officers and subordinates are required to communicate with the Deputy Inspectors of schools when they find, on visiting a school, any sanitary defects (Please see this office letter No.4740 dated the 3rd May 1909). I shall be glad on hearing from you, to issue such further instructions, to my officers in the Medical and Sanitary Departments, as you think would be likely to systematize the work and place it on a sound basis.

"C o p y"

8

Inspector General.

TNR.

Letter No.9016/1455 dated 26th November 1914 from the Inspector General of Education in Mysore, to the Senior Surgeon and Sanitary Commissioner with the Government of Mysore.

With reference to your letter No.1230 dated 7th September 1914, I have the honour to forward herewith for your kind perusal and remarks a note on Medical Inspection of pupils drawn up by Mr. M. Ramaswamaiya, B.A., Assistant to the Inspector General of Education. The note deals exhaustively with the whole subject and contains a number of proposals for being introduced into the schools. I beg that you will be good enough to let me have the favour of your opinion as to how far the proposal contained in the note may be given practical effect in the immediate future. In my opinion it will considerably help efficient Medical Inspection of School children if a beginning is made by appointing a School Sub-Assistant Surgeon at all District Head Quarters. These Sub-Assistant Surgeons may be under the orders of the District Medical Officers and their duties will be those sketched in the note with regard to all schools located not only at District Head Quarters, but also Taluk Head Quarters. The whole scheme may be temporary for two years. If these ideas commend themselves to you, I beg that an idea of the approximate cost involved may also be given.

"C o p y"

Inspector General.

TNR.

S C H E M E F O R

MEDICAL INSPECTION OF SCHOOLS AND SCHOLARS.

C O N T E N T S.

	Page.
1. Character and scope of School Hygiene	1-2
2. The Main Objects of Medical Inspection	2-3
3. The Manner of carrying out Medical Inspection.-	
(a) The School Doctor (b) The School Nurse (c) The Teachers (d) The Parents (e) The Children's Care Committee.	7-11
4. Administration.-	
The Central Medical Bureau Organization for Urban and Rural Areas Inspection Tours	12-14
5. Financial Remuneration of School Doctors and Nurses	14
6. Appendix.- Forms.	

SCHEME FOR THE SYSTEMATIC MEDICAL INSPECTION OF SCHOOLS AND SCHOLARS.

-:oo:-

Character and Scope of School Hygiene.-

Medical Inspection of School children is a single branch of the wide and comprehensive subject of School Hygiene which, if satisfactory results are to be obtained, requires constant and practical co-operation on the part of teachers, physicians, nurses and parents.

School Hygiene includes the following subjects:-

(1) Instruction of teachers, parents and children in Elementary Hygiene

(2) Physiology and Psychology of Educational methods:-

(a) Classification of School-children according to their mental and physical characteristics and arranging for educational treatment ~~of~~ to suit each type or class of child.

(b) Special educational methods for defective and invalid children

(c) Questions of Curriculum, over-pressure, questions of sex, fatigue, etc.

(3) Physical Education including supervision of Manual Training, Gymnastic exercises, organized games, etc., and instruction of teachers in the theory and practice of Physical training.

(4) Scientific supervision of school equipment, buildings, furniture, baths, douches, ventilation, lighting, sanitation, etc.,

(5) Prevention and control of infectious diseases and attention to the sanitary condition of the premises.

(6) Medical care:-

(a) Routine physical examination of all children at certain periods of their school career, (i.e. Medical inspection proper).

(b) Frequent medical supervision of special and individual cases.

(c) Medical treatment at home and at the school.

On one and all of these subjects, the physician's practical help and advice are now required. The general principles and scheme of action can be arranged and supervised by some central organization, but the services of local medical men acting under the guidance and control of an expert are required for detailed xxxx routine work. For the perfection of any useful work in school hygiene there are thus two essentials -an expert medical adviser for each authority, and a local school doctor attached to the staff of every school or small group of schools, having the supervision of not more than two or three thousand school children.

Main Objects of Medical Inspection.- 12

In addition to the discovery of unrecognized defects and the prevention of disease, the main objects to be attained by the system of Medical Supervision are:-

(1) The physical welfare of each individual child and of the nation as a whole;

(2) The adaptation of educational methods to the needs of particular groups of children;

(3) The classification of children according to their mental and physical capacities;

(4) The maintenance of clean and healthy school buildings

(5) Interest and co-operation in school hygiene on the part of every teacher.

The manner of carrying out Medical Inspection.-

For the successful carrying out of the system of Medical Inspection there are three essentials. The first essential is that a local medical practitioner should be appointed to the staff of every small group of schools, and that he should visit each school, say once a week or fortnight, so as to keep in constant touch with the children and teachers. The second is that the local nurse should be associated with the school routine and should be the ~~go-between~~ intermediary between the school and the home. In most districts such a school nurse might very well replace the school attendance officer. The third essential is the formation of a small school children's Care or Health Committee for each school or group of schools, its function being to discuss the ways and means by which the doctors' and nurses' recommendations for each individual child can be carried out and to co-ordinate voluntary and ~~xxxxx~~ charitable agencies with Government or Municipal endeavour.

We may now deal with the practical duties of

(a) The School Doctor

(b) The School Nurse

(c) The Teachers

(d) The Parents

(e) The School Children's Health (or Care) Committee.

(a) Duties of a School Doctor.-

They may be summarized thus:-

(1) To examine cursorily every child about the time of

its admission to an infant class, as to cleanliness, and as to its obvious physical defects. This first examination should be conducted in the presence of parents or guardians.

He should also inspect the child 3 times more at stated intervals during its primary school career.

(a) in detail at about the seventh year of age

(b) at about the tenth year of age and

(c) at between 12 and 13th year or before the departure of the child into working life.

In the case of pupils continuing their studies in Secondary Schools and Colleges, the inspections should take place at the 15th, 17th, 19th and 21st year or before leaving school or college.

(2) To examine in detail every child at his 7th year and to decide what special educational training (if any) is suitable to the child.

(3) To visit and inspect all classes once or twice a year both as regards the general health and physique of the children and also as regards the conditions under which they are working, namely, the ventilation, lighting, etc. on the one hand and the amount and kind of work, over-pressure, fatigue, physical exercises, Manual Training, etc., on the other hand.

(4) To make special visits to the boys' and girls' schools once a year for the purpose of examining all children suffering from defective vision and to report upon eye disease generally. The teachers should test the vision of all children once a year, but the doctor's examination can scarcely be undertaken at the time of his visits for other work, except in very small schools.

(5) To supervise the work of nurses with regard to ringworm, vermin, and skin affections and to visit each school once a week for a fortnight for the general examination of special children selected by the teacher or nurse. The results of this visit should be recorded in a register kept at the school. (Appendix A.)

(6) To advise the Health Committee of each school upon various points of hygiene bearing upon educational matters and to give definite instructions about the care of the delicate and defective children.

(7) To give lectures to teachers and parents upon school hygiene and elementary physiology.

(8) To issue certificates for the exclusion of boys from a school for the following purposes:- (a) to prevent the spread of diseases, e.g. measles, small-pox, whooping cough, etc., (b) for uncleanly or verminous condition of children and (c) on account of the state of health or physical or mental defects. In the last case, a full report should be furnished. If uncleanly or verminous condition of the children is not remedied by the parents, they may be excluded permanently from the school, prosecution of the parents being impossible in this country. This duty might be combined with the weekly visit to the schools.

(9) To investigate (if necessary in conjunction with the Medical officer of health) all epidemics and out-breaks of infectious disease in the schools and also to take necessary steps to prevent not only the spread of the disease but also the necessary closure of the school.

(10) To conduct the examination of school environment in accordance with the schedule for examination of schools. (Appendix B.)

(11) To carry out original investigations and to do research work, especially in the larger towns.

With regard to their duties, the following regulations should be carefully followed:-

(a) The inspection should be conducted in school hours and on school premises, and in such a way as to interfere as little as may be with school work. The examination of each child need not, as a rule, occupy more than a few minutes.

(b) The convenience of the teaching staff and the circumstances of each school must receive consideration, and in these matters and in the actual examination, the medical officer will no doubt exercise sympathy and tact, giving due thought to the personal susceptibilities of those concerned.

(c) The facts revealed by inspection must be entered in the schedule for Medical Inspection (Appendix C.) kept in the school, the confidential nature of many of the entries, being carefully respected. A copy of the entries should be transmitted with the child to any other school to which he or she may go.

(d) Every School Doctor should make an annual report at the end of the official year to the District Medical Officer, who will be the District School Doctor, on the schools and children under his superintendence. The District School Doctor will submit his annual report to the Central Medical Bureau at the Sanitary Commissioner's Office.

(e) The report should be concerned chiefly with the conditions and circumstances affecting the health of the

the children in the schools of the area placed in charge of the school doctor.

(f) It should also contain statistical ~~reports~~ records of the number of children examined and of those reexamined or under medical supervision; the nature and results of the examinations; the number of visits paid to classes; the number and character of the diseased conditions found at certain age periods; particulars as to blind, deaf, defective and epileptic children; the medical advice given both as to the prevention of ~~xxxxxxxxx~~ conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth.

In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey - an ideal which should be kept in view.

(b) <u>The School Nurse</u>.-

The duties of a School Nurse are:- 17

(1) To assist the local School Doctor at his examinations in the schools and to carry out his instructions.

(2) To keep records of progress of individual children between the doctor's visits, making special notes as to what treatment has been obtained.

(3) To hold a preliminary examination of all infants on their first admission to nursery schools or infant's

departments as to cleanliness and obvious defects.

(4) To be responsible for the supervision of personal hygiene and cleanliness of all children (under the direction of a Superintendent of nurses).

(5) To recognize ringworm, favus, scabies and other contagious conditions.

(6) To recognize discharging ears and the commoner external eye diseases, such as corneal ulceration, conjunctivitis, opthalmia, etc.

(7) To pay regular weekly visits to the schools for these purposes and for advising teachers in regard to the exclusion of doubtful cases of infectious and contagious diseases.

(8) To weigh and take the height and chest measurement of children when any system of anthropometry is introduced or to help the teacher in so doing.

(9) To gain an insight into the home conditions of children by following up.

(c) <u>The School Childre's Care Committee</u>.-

The functions of a School Children's Care Committee are:-

(1) To see that the children attending school shall be healthy children from healthy homes.

(2) To select necessitous children for the provision of free meals.

(3) To see that medical treatment is provided for children found to be in need after medical inspection.

(4) To watch over the child after leaving school in his or her early employments.

(5) To see that neglectful parents are reminded of their responsibilities.

(6) To watch over the general welfare of children (recreation, scholarship, evening schools, clubs, scouts corps, etc.)

(7) To secure the co-operation of local voluntary and charitable societies, guilds of Help etc.

(d) The Teachers.-

Head Teachers are to be regarded as the "Chief Instruments" in the scheme of medical supervision.

Their functions are:-

(1) To see that effect is given to all reasonable and practical suggestions of the school doctor and the nurse for the improvement of the general condition both of the teachers and of the taught.

(2) To test the visual acuity of all children once a year and also (when machines and standards are introduced) to weigh and measure the children -both apportunities being seized for a lesson in practical mensuration or calculation.

(3) To keep under observation any children whom school doctor or nurse indicates as requiring special attention. Such cases should be referred to the Care Committee.

(4) To keep in constant touch with the parents, and from time to time to summon a conference of a number of parents at the school, so that they can see their children at work and play.

(5) To issue Cards of Advice to parents concerning their children's health.

(6) To submit to his immediate official superior a quarterly statement of children treated by the School Doctor, in the prescribed form (Appendix D.)

(e) The Parents.- Their duties are.-

(1) To attend the first medical examination of their children shortly after admission to the Infant class, and from time to time also attend informal conferences at the school held by Head Teachers.

(2) To learn the elements of healthy living.

(3) To teach their children the most elementary habits of cleanliness -the use of a pocket hand-kerchief, the habit of nasal breathing, and the cleansing of teeth.

(4) To take prompt measures to remedy physical disabilities and defects in their children on receipt of Advice Cards issued through the medium of Head Teacher (Appendix E.)

(5) To actively and willing co-operate with the Educational and Medical authorities in the health education of their children.

20

Administration.-

A Scheme of organization which is likely to ensure effective results must now be considered.

First of all, there should be provision for a central authority to supervise and to direct. Then comes an organization for urban areas including large and small towns. And lastly we have to arrange for the medical inspection of schools and scholars in rural areas.

A. <u>The Central Medical Bureau-(The School Medical Board)</u>

T The organization at the Sanitary Commissioner's office of a sub-department known as the Central Medical Bureau is desirable. It may consist of the Sanitary Commissioner as President, the Deputy Sanitary Commissioner as Vice President and 2 Medical Officers stationed at Bangalore as members with a full-time Secretary who shall be a Medical Officer specially trained in School Hygiene. A small staff of Medical Superintendents of Schools, say, 2, with a clerical establishment is also necessary to help the Board in inspectional duties.

The functions of the Board are:-

(1) To advise school doctors as to their duties and methods, as also to supervise their work.

(2) To acquire an up-to-date knowledge of School Hygiene;

(3) To investigate the progress of thought and discovery in other countries:

(4) To collate and make practical use of the reports and statistics resulting from routine inspection;

(5) and finally to submit to Government annually through the Education Department a carefully considered statement of the practical results of medical inspection, as well as any further recommendations that may be necessary for further action.

The Board will work in close association with the Education Department.

B. <u>Organization for Urban Areas</u>.-

(a) <u>Large towns or District Head Quarters</u>.-

The District Medical Officer shall be the District School Doctor who will supervise the work of all local School

Doctors throughout the District. At all District Head Quarters, one or more of the Assistant or Sub-Assistant Surgeons shall be appointed local School Doctors. As far as possible, these officers may be kept for at least 3 years in a place.

(b) Small towns or Taluk Head Quarters.-

In these places, the Assistant or Sub-Assistant Surgeons will do the duties of local School Doctors.

C. Organization for Rural Areas.-

In all villages where there are dispensaries, the services of Sub-Assistant Surgeons may be similarly utilized. But a large number of villages in the State have no dispensaries and as a consequence the children reading in Village Elementary Schools have to forego the benefits accruing from Medical Inspection. This drawback can be met either by the opening of Central Dispensaries in each Taluk for the convenience of people living within a radius of 10 or 12 miles or by Travelling Dispensaries.

Inspection Tours.-

The officers of the Medical and Sanitary Departments will also in their tours pay visits to schools and make suggestions towards the physical welfare of children.

Financial remuneration of School Doctors and Nurses.

If we are to have Medical Inspection, let us have good men to do the work and let us pay them for their work. Permanent efficiency requires skilled workers, careful administration and adequate remuneration. At present nothing is paid and the work done is not as efficient as it ought to be. The following rates of remuneration are therefore proposed:-

District School Doctors to receive	Rs.25 a month
Local School Doctors to get	Rs.10
School Nurses	Rs. 7 or Rs. 5 a month.

When School Doctors are asked to work outside their jurisdiction, they may get their travelling allowances at the prescribed rates.

23

A P P E N D I X

A P P E N D I X A.

.....School

Register of sickly children who attended for treatment the.....dispensary

during the quarter ending ~~with~~.....19.

erial No.	Name of child	Father's name.	Age of child	Class in which the child is reading	Nature of ailment	Dates of child's attendance at the dispensary to be treated by the Medical Officer with his initials	date of discharge and initials of medical officer.	Result of treatment to be entered by the medical officer.	Remarks.

A P P E N D I X B.

SCHEDULE FOR MEDICAL EXAMINATION OF SCHOOLS.

---

(1) Site and surroundings; soil and subsoil; distance from other buildings, busy roads, railways, factories emitting dust, smoke, etc., places where offensive trades are carried on, markets, sites for weekly fares, etc.

(2) Buildings; general plan; condition of floors, walls and ceilings; provision for urinals, latrines, play-grounds, etc.

(3) Provision for supplying drinking water to the children during school hours.

(4) Drainage

(5) Lighting, relative position of scholars' and teachers' desks; position of the black-board; kind of desk, seat and back; space between desks; maps, diagrams, etc., as regards their visual clearness.

2b

(6) Cleanliness of school rooms; arrangements made to prevent accumulation of dust; provision of school waste-paper basket.

A P P E N D I X C.

In counterfoil.

SCHEDULE OF MEDICAL INSPECTION.

-:o:-

ame.....School.....

ather's name.....Date of birth.....

ldress.....

llness previous to admission.

Measles	Small-pox	
Rheumatism	Scarlatina	
Whooping cough	Tuberculosis	

amily Medical History (if exceptional)

	I	II	III	IV
Date of Inspection				
Standard				
Age at Examination				
Height				
Weight				
Whether vaccinated or not				
Clothing				
General Nutrition				
Skin				
Heart				
Lungs				
Teeth				
Throat and nose				
Neck glands				

	I	II	III	IV
15. Ears				
16. Eyes and vision				
17. Nervous system				
18. Mental condition				
19. Other defects noted				
20. Remarks, e.g. Regularity of attendance				
21. Recommendations made by the School Doctor.				

Initials of Examiner.

NOTES FOR SCHOOL DOCTORS.

Reference No.

3 and 4 When there is a great discrepancy between the height and weight of a boy, the School Doctor will make a more minute examination of that boy later on. He should also be examined periodically during the term.

6 The doctor will note whether clothing is sufficient and clean, or otherwise.

7. The doctor will note any deviation from the normal. In case of defective nutrition the cause must be sought, e.g. chronic disease, influence of home conditions, amount and nature of food or sleep, excessive work out of school hours or any bad habits of the child. If the child shows evidence of parental neglect, a visit to the child's house is made and parents persuaded to pay more attention to the child.

8. The Doctor will note the general condition and cleanliness of the skin and particularly of the scalp; the presence of ringworm, scabies, etc.

9. Any evidence of strain on the heart or of rheumatic heart disease will be noted.

10. Under this head is noted any ~~it~~ evidence of incipient tuberculosis, measurement of the chest at nippleline during deep inspiration and expiration.

11. Under this head are noted any dental defects pertaining both to the temporary and permanent teeth, e.g. caries, inflamation of the gums, pus coming out of the roots of teeth, general cleanliness of teeth offensive smell ffom the mouth, etc.

12. Condition of the tonsils, any adenoids, chronic nasal discharge, mouth-breathing, etc., will be noted.

13. Any signs of enlargement will be noted.

14. Chronic aural discharge, signs of deafness, collection of wax in the ears, etc., will be noted.

15. Under this head will be noted external eye diseases, e.g. blepharities, conjunctivities, inflamatory conditions of the cornea, etc., errors of refraction, e.g. kind and degree of myopia will receive attention, the children being tested by Snellen's test letters; the Doctor will also see if there is any squint, etc.

21

16. Under this head the Inspector will note any evidence of the following:- Chorea; habit spasm; over-pressure leading to over-fatigue; headache; loss of sleep; bad temper; defects of articulation, lisping, stammering, &c.

17. The mental condition will be classified as (1) bright, (2) fair, (3) dull, (4) backward. Any mentally defective or imbecile children should not be allowed in ordinary schools.

18. Any enlargement of Spleen or Liver should be noted.

Reference No.

20. Under this head should be noted any recommendations for reduction of mental work or of physical exercise or any particular form of exercise suitable for the boy.

The School Teachers should be examined medically. Any sign of tuberculosis in a teacher renders him unfit for his profession. Neurasthenia, migraine, loss of voice, laryngitis and dyspepsia from which teachers usually suffer, should be properly treated.

A P P E N D I X D.

.....SCHOOL.

RETURN OF THE MEDICAL INSPECTION OF PUPILS IN THE SCHOOL FOR THE .....QUARTER

Ailment.	Number of children recommended to undergo treatment.	Number of children treated.	Results of treatment.

Head Teacher.

APPENDIX E.

CARD OF ADVICE TO PARENTS CONCERNING PHYSICAL DEFECTS DISCOVERED BY MEDICAL INSPECTION OF SCHOOL CHILDREN.

1. Name of child	
2. Name of parent	
3. Class in which the child is reading.	
4. Age	
5. Disease or defect noticed in the child.	
6. Remedial measures suggested by the Medical Officer or the Head Master.	
7. Remarks	

Forwarded to.....

Signature.

APPENDIX F.

.....SCHOOL.

Record of the results of the Medical Inspection of School children conducted by Medical and Sanitary Officers during the quarter commencing with.....and ending with.....19..

1. Name and designation of the Medical Officer	
2. Date of Inspection	
3. Results of inspection with special reference to the health of children, sanitary condition of accommodation, School environment, etc. and remedial measures suggested.	

Initials of the Medical Officer.

Letter No.3243 dated 13th January 1915 from The Sanitary Commissioner with the Government of Mysore, to the Inspector General of Education in Mysore.

With reference to your letter No.9016/1415 dated the 26th November 1914, on the subject of the medical inspection of school children, I have the honour to state that Mr. Ramaswamaiya in his note admirably sums up the methods of school inspection and its objects. The system is, I take it, designed to give a fairly complete view of the physical and mental condition of the children in so far as that affects their capacity for being educated. The ultimate aim and responsibilities, however, of Government or of the local social organisation, if such could be called into being, do not seem to be sufficiently exhaustively dealt with in the note.

2. It may be taken as a recognised fact that many children in school have some defect or another which seriously handicaps them and very often neither child, parent nor teacher suspects anything wrong until the doctor discovers it. In the course of routine inspection defects and ailments of varied nature and magnitude are revealed. There may be found blind and deaf children, children who are ~~mentally~~ crippled by paralysis or by Tuberculosis, children who are mentally deficient or are epileptic, who have seriously diseased heart and lungs or are suffering from disablements, such as spinal curvature, enlarged tonsils etc. Now all these very seriously defective children should be adjudged unfit for ordinary schools. Should special schools be opened for the education of particular groups of children, taking account of their circumstances? Have the tuberculous, for instance, to have their own open air-schools or are they to be allowed to attend the ordinary schools to constitute a source of grave danger to the health of other children? Again, among remediable defects those of eye, ear, nose, throat, ~~teeth~~ teeth etc. are so numerous that the existing means of treatments in the local dispensaries are inadequate. How is it proposed

to

to deal with such cases? It appears to me that in any comprehensive programme for the medical inspection of schools and school children all these facts should be taken into account and duly provided for. as far as possible.

3. As regards the forms etc. prescribed, I have one or two suggestions to make. Form C. instead of being in counterfoil may be printed on stout card-board and preserved in the school as a permanent record for future reference, and for use at the next routine inspection. Each child inspected should have its own card.

It is laid down in the note that the examination of each child need not as a rule occupy more than a few minutes. I do not agree in this. If inspection is to be efficiently carried out, not more than 20 or 30 children can be examined on any one day. It would be well if the teacher makes out beforehand a list of some 30 children and presents them before the Medical officer on the appointed date. The remaining children should similarly be arranged in batches till the inspection of all the children in the school is completed.

4. In view of the fact that the discovery of defects or ailments in children has invariably to be followed up by a course of regular treatment in the Hospital, I do not think it would be conducive to efficiency to appoint an ~~ix~~ itinerant school Sub Assistant Surgeon for each District. The local Sub-Assistant Surgeon may, in my opinion, continue to inspect the children in the school and subsequently treat them at the Dispensary. As this arrangement necessarily involves heavy work and added responsibilities, suitable allowances on the scale suggested on page 14 of the note might be given. I, however, note below the cost of entertaining a School Sub Assistant Surgeon as proposed.

1. Pay	... ...	Rs.50 plus 15 p.m.
2. Peon	... ..	Rs. 7 per mensem
3. Contingencies...	...	Rs.100 per annum
4. Travelling allowances	...	Rs.300 per annum.

T

The Sub Assistant Surgeon, if one is appointed, should be a man of experience and therefore of the rank of at least the 2nd grade.

"Copy"

Inspector General.

TNR

Letter No.13720-1/2246 dated 10th February 1915 from the Inspector General of Education in Mysore to the Senior Surgeon with the Government of Mysore.

With reference to your letter No.3243 dated 13th January 1915 I have the honour to state that as a preliminary to the development of the scheme outlined by Mr. Ramaswamayya, a first attempt at examining all the pupils attending the educational institutions at District Head Quarters may be made in the early part of July next. It is also necessary that a series of lectures on health should be delivered to the teachers under training in the Normal institutions at Mysore, Kolar, Tumkur and Shimoga. I find that the Government of Madras have already arranged for the medical examination of children in the schools situated within the municipal limits of Madras. It may be presumed that the examination at each place may last for about 20 days and if you can spare the services of the required number of medical officers for the period, I shall address Government to sanction a sum of Rs.1,000 for giving such remuneration to each medical officer as you may fix and for the tabulation of the results. In the light of these results, the scheme for the future may be elaborated.

Regarding the Health Lectures, I beg to know if arrangement can be made and what remuneration has to be offered at each of the four places - Mysore, Shimoga, Tumkur and Kolar.

38

"C o p y"

Inspector General.

TNR.

Letter No.4024 dated 1st March 1915 from the Sanitary Commissioner with the Government of Mysore, to the Inspector General of Education in Mysore.

In acknowledging receipt of your letter No.13720-1/2246 dated the 10th ultimo, I have the honour to request you to be so good as to let me know the approximate number of pupils attending the Educational Institutions at each of the District Head Quarters and the standard of educational qualifications prescribed for the teachers undergoing training in the Normal Institutions.

"Copy"

39

Inspector General.

TNR.

Sanitary Commissioner
Bangalore with

Letter No.15800/2634 dated 22nd March 1915 from the Inspector General of Education in Mysore to the Sanitary Commissioner with the Government of Mysore.

With reference to your letter No.4024 dated the 1st March 1915. I have the honour to give below the approximate number of pupils attending the Educational institutions at each of the District Head Quarters. The standard of Educational qualifications prescribed for teachers undergoing training in the District Normal Schools at Kolar, Shimoga and Tumkur is the Kannada Lower Secondary Examination, while in the Mysore Training College the standard ranges from the Kannada Lower Secondary to the B.A. Degree.

Station.	Number of boys	Number of girls	Total.
Bangalore City	6,616	2,895	9,511
Mysore City	6,205	1,809	8,014
Kolar	1,384	441	1,825
Tumkur	1,724	802	2,526
Hassan	735	522	1,257
Chikmagalur	821	310	1,131
Shimoga	1,000	393	1,393
Chitaldrug	909	206	1,115
Total	19,394	7,378	26,772

£10

"C o p y"

Inspector General.

TNR.

Letter No.4735 dated 12th April 1915 from the Sanitary Commissioner with the Government of Mysore, to the Inspector General of Education in Mysore.

With reference to your letter No.15800/2634 dated the 22nd ultimo, I have the honour to state that in places where there are Health Officers or District Sanitary Officers, the medical examination of pupils will be conducted by them and where there are no such officers the District Medical and Sanitary Officer will be entrusted with the work. In the case of the Bangalore and Mysore Cities the Health Officers will be assisted in the work by the Medical Officers in charge of the Dispensaries in the various Municipal Divisions. The Medical Examination of school girls is best undertaken by the local Lady Medical Officers. As regards remuneration I note that you propose to allot a sum of Rs.1,000/- for the Medical Examination of pupils, for the tabulation of the results and for the health lectures to be delivered to candidates in the Normal Schools. If the whole amount be utilised exclusively for the first of the three items, the average fee per boy or girl examined would work out at 7.1 pies. I am afraid this sum is much too inadequate and would propose the payment of at least one anna for each case examined. For tabulation, a small clerical staff will have to be entertained temporarily and attached to your office. I presume that all the necessary registers and forms will be made available by your Department.

2. In regard to the testing of the eyes and vision of pupils I apprehend some practical difficulty. It is likely that the inspection will reveal numerous cases which either for preliminary testing or for confirmation of result may have to be sent to the Minto Ophthalmic Hospital at Bangalore. Provision will have to be made for the cost of such secondary testing including the travelling expenses of pupils.

3. The course in Hygiene for the teachers under training in the

the Normal Schools may consist of a series of 15 lectures arranged under the following heads:- the human body, air, food, water, epidemic diseases and how to prevent them and modern sanitary methods in general. The District Medical Officer or during his absence, the senior Medical Officer under him will deliver the lectures. I propose paying a remuneration of Rs.5 per lecture.

"C o p y"

Yes.

Inspector General.

TNR.

4 ஜூலை

G.R.S. 28]

24/3

ISSUE & SUBMIT.
FOR FURTHER ACTION

Wired No 9C5368 dt 10-4-16

File No. 164-16

Serial No. 2

Diary No. of letter replied to 325

GENERAL AND REVENUE SECRETARIAT.
( )

Proceedings of the Government of His Highness the Maharaja of Mysore

, *the* 191

READ—

Letter No. 1726/781, dated the 20th April 1915, from the Dy. of Edn in Mysore submitting a scheme for a systematic medical inspection of schools and scholars at District Head Quarters in the State.

~~ORDER THEREON.—No.~~

Date of issue 26-3-16.

Signed by Sir K. Subba Rao

Type sample
(Printed as annexure)

[Print the Dy.'s letter and its accompaniments as annexures to the Order.]

over

SUBJECT.

GPB—50,000—1-12-12

Order :- No. 5220-68.

In May 1909 a Circular was issued by the Sanitary Commr. with the Govt of Mysore, directing the medical Officers to examine the school children in their respective stations with the approval of the D.I. of Education. In the Annual Admin. Reports of the Education Dept the scheme was reported to be working satisfactorily.

2. The subject was taken up for consideration by the Economic Conference at the Birthday Session of 1913, and in passing orders on the resolutions of the Conference, the D.I. of Edn. was requested to submit proposals in the matter, in consultation with the Senior Surgeon and Sanitary Commr..

3. The D.I. of Edn. has now in consultation with the Senior Surgeon and Sanitary Commr. submitted a scheme, the main features of which are as follows:-

(a) The medical examination of

G.R.S. 27]

GENERAL AND REVENUE SECRETARIAT.

(*Continuation sheet draft form.*)

pupils will be confined at present to District Head Quarter towns;

(b) It will be conducted by the existing Medical Agency, viz., in Bangalore and Mysore by the Health Officers with the assistance of the Medical Officers in charge of dispensaries in the various Municipal Divisions, and in other towns by the Health Officers or District Sanitary Officers or the District Medical and Sanitary Officers.

(c) The examination of school girls will be conducted by the local ~~Lady~~ Lady Medical Officers.

(d) In cases of necessity, the sight of the pupils will be tested at the Minto Ophthalmic Hospital.

(e) A course of 15 lectures for the benefit of teachers under training at the Normal Schools at Mysore, Kolar, Tumkur, Shimoga and Bangalore will also be organised and will be delivered by the Medical Officers selected by the

Senior Surgeon.

4. Govt are pleased to approve of the above scheme and to direct that it shall be brought into effect from 1st June 1916.

5. Govt are pleased to sanction a Clerical Establishment consisting of 2 clerks — one on Rs 50 and one on Rs 30/— and one Orderly on Rs 7 per mensem, for a period of 4 months in a year, with a Contingent grant of Rs 6 per mensem for the period for maintaining the Registers and registration and tabulation of the Statements and all the incidental clerical work. The necessary funds will be provided in the budgets for 1916-17 and 1917-18.

6. Govt consider it unnecessary to pay any remuneration to Medical Officers for this work, and the provision made by the D. G. of Education for this purpose in the proposal is disallowed.

7. The D. G. of Education should, in consultation with the Senior Surgeon and Sanitary Commissioner, issue such

GPB—20,000—16-2-14

G. R. S. 27]

GENERAL AND REVENUE SECRETARIAT.

(*Continuation sheet draft form.*)

subsidiary instructions as may be considered necessary, on the subject of the inspection and delivery of lectures as also on the tabulation of statistics, with the help of the clerical establishment sanctioned above, and arrange for the submission of progress report to Govt once a year.

8. All the necessary registers and forms will be made available by the Office of the D.G. of Education.

9 The Sanitary Commr, in the course of his correspondence with the D.G. of Education, raises one or two important issues, such as opening special schools for children with serious defects or likely to prove a source of grave danger to the health of other children by reason of having Tuberculosis &c, and the cost of sending children from the interior to the Minto Ophthalmic Hospital for examination. When the present

scheme is worked satisfactorily and developed, the above points may be re-submitted for consideration. In the meantime if any urgent action is needed to remove any serious defects found in school children in any locality, separate proposals may be submitted for the orders of Govt.

Print

(Draft as approved by 1st member).

Uy 23/3

Offg Secretary to Govt,
E & A. Depts.

20

Uy 23/3/16

The D.G. of Education.

" Comptroller, Mysore Govt., thro' Br II.

" Senior Surgeon and Sanitary Commr.

" Hds of Depts and D Cs of Districts

Copy to Branch IV

GPB—20,000—16-2-14

Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. 5220-68—Edn. 164-14-2, dated 24th Mar. 1916

Medical Inspection of Schools and Scholars.

Approves of a scheme for a systematic — at District Headquarters in the State.

W D 2540—GPB—6-5-16—500

No. 5220-68—Edn. 164-14-2, dated 24th March 1916.

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS.

Read—

Letter No. 17261—781, dated the 20th April 1915, from the Inspector-General of Education in Mysore, submitting a scheme for a systematic medical inspection of schools and scholars at District Headquarters in the State.

(Printed as annexures.)

Order No. 5220-68—Edn. 164-14-2, dated 24th March 1916.

In May 1909, a circular was issued by the Sanitary Commissioner with the Government of Mysore, directing the Medical Officers to examine the school children in their respective stations, with the approval of the Inspector-General of Education. In the annual Administration Reports of the Education Department, the scheme was reported to be working satisfactorily.

2. The subject was taken up for consideration by the Economic Conference at the Birthday Session of 1913, and in passing orders on the resolutions of the Conference, the Inspector-General of Education was requested to submit proposals in the matter, in consultation with the Senior Surgeon and Sanitary Commissioner.

3. The Inspector-General of Education has now, in consultation with the Senior Surgeon and Sanitary Commissioner, submitted a scheme, the main features of which are as follows:—

(*a*) The medical examination of pupils will be confined at present to District Headquarter towns.

(*b*) It will be conducted by the existing Medical Agency, *viz.*, in Bangalore and Mysore by the Health Officers with the assistance of the Medical Officers in charge of dispensaries in the various Municipal Divisions, and in other towns by the Health Officers or District Sanitary Officers or the District Medical and Sanitary Officers.

(*c*) The examination of school girls will be conducted by the local Lady Medical Officers.

(*d*) In cases of necessity, the sight of the pupils will be tested at the Minto Ophthalmic Hospital.

(*e*) A course of 15 lectures for the benefit of teachers under training at the Normal Schools at Mysore, Kolar, Tumkur, Shimoga and Bangalore will also be organized and will be delivered by the Medical Officers selected by the Senior Surgeon.

4. Government are pleased to approve of the above scheme and to direct that it shall be brought into effect from 1st June 1916.

5. Government are pleased to sanction a clerical establishment consisting of two clerks, one on Rs. 50 and one on Rs. 30 and one orderly on Rs. 7 per mensem, for a period of four months in a year, with a contingent grant of Rs. 6 per mensem for the period, for maintaining the registers and registration and tabulation of the statements and all the incidental clerical work. The necessary funds will be provided in the budgets for 1916 17 and 1917-18.

No. 5220-68—Edn. 164-14-2, dated 24th March 1916.

6. Government consider it unnecessary to pay any remuneration to Medical Officers for this work, and the provision made by the Inspector-General of Education for this purpose in the proposal is disallowed.

7. The Inspector-General of Education should, in consultation with the Senior Surgeon and Sanitary Commissioner, issue such subsidiary instructions, as may be considered necessary, on the subject of the inspection and delivery of lectures as also on the tabulation of statistics, with the help of the clerical establishment sanctioned above, and arrange for the submission of progress reports to Government once a year.

8. All the necessary registers and forms will be made available by the office of the Inspector-General of Education.

9. The Sanitary Commissioner, in the course of his correspondence with the Inspector-General of Education, raises one or two important issues, such as opening special schools for children with serious defects or likely to prove a source of grave danger to the health of other children by reason of having Tuberculosis, etc., and the cost of sending children from the interior to the Minto Ophthalmic Hospital for examination. When the present scheme is worked satisfactorily and developed, the above points may be re-submitted for consideration. In the meantime, if any urgent action is needed to remove any serious defects found in school children in any locality, separate proposals may be submitted for the orders of Government.

P. G. D'SOUZA,
Offg. Secy. to Govt., Depts. of Edn. & Agri.

To—The Inspector-General of Education in Mysore.
The Comptroller, Mysore Government (through Branch II.)
The Senior Surgeon and Sanitary Commissioner in Mysore.
The Heads of Departments and Deputy Commissioners of Districts.

Exd.—C. R.

No. 5220-68—Edn. 164-14-2, dated 24th March 1916.

Annexures.

No. 17261—781, dated 20th April 1915, from Rao Bahadur M. Shama Rao, Esq., M.A., Inspector-General of Education in Mysore, to C. S. Balasundaram Iyer, Esq., B. A., Secretary to the Government of His Highness the Maharaja of Mysore, Departments of Education and Agriculture, Bangalore.

I have the honour to state that a suitable scheme for the systematic medica inspection of pupils in schools under public management has been under consideration for a long time past, but no satisfactory scheme has yet been formulated. This delay is found to be due to some extent to want of sufficient preliminary data for fixing the practical limits of the scheme. A medical inspection of school-children may be made as wide as possible and generally includes the prevailing conditions of school-life, the physical conditions of the scholars, including cleanliness of person and clothing, defects and diseases, congenital or acquired, the sanitary and other arrangements of the school-house, etc. As an elaborate inquiry at once required a large medical staff and heavy expenditure of money, I consulted the Sanitary Commissioner with a view to enable the existing medical staff to do the work as far as possible within a moderate expenditure.

A copy of the Sanitary Commissioner's letter No. 4735, dated 12th April 1915, and copies of correspondence that led up to it are enclosed for the information of Government. The Sanitary Commissioner is agreeable to the employment of the existing medical agency at all District Headquarters to which places only the inspection is to be confined this year, but in view of the extra and responsible nature of the work entailed, he proposes the payment of one anna for each case examined by a medical officer. There are about 30,000 pupils in attendance at schools at District Headquarters. For purposes of remuneration, a sum of about Rs. 2,000 will be required. He also proposes the entertainment of a small establishment for tabulating the results of the inquiries made and accordingly three clerks, one on Rs. 50 and two on Rs. 30 each, and two orderlies on Rs. 7 each per mensem will be required for a period of four months, together with a contingent grant of Rs. 6 per mensem for the same period. Where it becomes necessary to test the sight of the pupils at the Minto Ophthalmic Hospital, further expenditure will be necessary, both in the shape of remuneration to the Medical experts as well as in the shape of travelling and other expenses of the pupils tested. For this part of the proposal, a lump grant of Rs. 500 will be needed and the remuneration to be given to the eye-experts may be fixed by the Senior Surgeon according to the nature of the case. The pupils are to be given only the actual travelling cost as may be approved by the Inspector-General. The total non-recurring cost as noted below may be taken to be Rs. 3,020:—

		Rs.
1.	Remunerations to medical officers in general	2,000
2.	Cost of establishment entertained ...	520
3.	Remuneration to eye-experts ...	500
	Total ...	3,020

Next, it is also intended to organize a course of instruction in elementary hygiene for the benefit of teachers under training at the Normal Schools of Mysore, Kolar, Tumkur, Shimoga and Bangalore (new). The course will consist of a series of 15 lectures on the human body, air, light, food, water, exercise, epidemic diseases and how to prevent them, and modern sanitary methods in general, and these lectures will be delivered by the medical officers selected by the Senior Surgeon. The Sanitary Commissioner proposes paying a remuneration of Rs. 5 per lecture, and this part of the scheme will entail a recurring annual cost of $15 \times 5 \times 5$ or Rs. 375.

I request you will be good enough to obtain the sanction of Government to the above proposals and for providing in the next year's budget an aggregate sum of Rs. 3,395 required.

Enclosures to the above.

(1)

Letter No. 4368, dated 9th April 1914, from the Sanitary Commissioner with the Government of Mysore, to the Inspector-General of Education in Mysore.

With reference to para 1 of Government Order No. 5081-5—Edn. 67-13-3, dated the 3rd November 1913, generally approving of certain proposals for the medical inspection of school children and the sanitary inspection of school buildings, I have the honour to state that this office Circular No. 4706-14, dated the 1st May 1909 and Circular No. C. 40 of 1908-09, dated the 22nd idem issued from your office provide for a periodical medical examination of school children in any town or union where a Medical Officer or subordinate is stationed. In regard to the sanitary inspection of school buildings the Medical Officers and subordinates are required to communicate with the Deputy Inspectors of Schools when they find,

on visiting a school, any sanitary defects (please see this office letter No 4740, dated the 3rd May 1909) I shall be glad on hearing from you, to issue such further instructions, to my officers in the Medical and Sanitary Departments, as you think would be likely to systematize the work and place it on a sound basis

(2)

Letter No 9016—1455, dated 26th November 1914, from the Inspector-General of Education in Mysore, to the Senior Surgeon and Sanitary Commissioner with the Government of Mysore

With reference to your letter *No 1230, dated 7th September 1914, I have the honor to forward herewith for your kind perusal and remarks a note on Medical Inspection of pupils drawn up by Mr M Ramaswamaiya, B A , Assistant to the Inspector-General of Education The note deals exhaustively with the whole subject and contains a number of proposals for being introduced into the schools I beg that you will be good enough to let me have the favour of your opinion as to how far the proposals contained in the note may be given practical effect in the immediate future In my opinion it will considerably help efficient Medical Inspection of School children if a beginning is made by appointing a School Sub-Assistant Surgeon at all District Headquarters These Sub-Assistant Surgeons may be under the orders of the District Medical Officers and their duties will be those sketched in the note with regard to all schools located not only at District Headquarters, but also Taluk Headquarters The whole scheme may be temporary for two years If these ideas commend themselves to you, I beg that an idea of the approximate cost involved may also be given

(*Not printed)

Note referred to in the above

SCHEME FOR THE SYSTEMATIC MEDICAL INSPECTION OF SCHOOLS AND SCHOLARS

Character and Scope of School Hygiene

Medical inspection of school children is a single branch of the wide and comprehensive subject of school hygiene which, if satisfactory results are to be obtained, requires constant and practical co-operation on the part of teachers, physicians, nurses and parents

School hygiene includes the following subjects —

(1) Instruction of teachers, parents and children in Elementary Hygiene

(2) Physiology and psychology of educational methods —

(*a*) Classification of school children according to their mental and physical characteristics and arranging for educational treatment to suit each type or class of child

(*b*) Special educational methods for defective and invalid children

(*c*) Questions of curriculum, over-pressure, questions of sex, fatigue etc

(3) Physical Education including supervision of manual training, gymnastic exercises, organized games, etc , and instruction of teachers in the theory and practice of physical training

(4) Scientific supervision of school equipment, buildings, furniture, baths, douches, ventilation, lighting, sanitation, etc

(5) Prevention and control of infectious diseases and attention to the sanitary condition of the premises

(6) Medical care —

(*a*) Routine physical examination of all children at certain periods of their school career, (*i e* Medical inspection proper)

(*b*) Frequent medical supervision of special and individual cases

(*c*) Medical treatment at home and at the school

On one and all of these subjects, the physician's practical help and advice are now required The general principles and scheme of action can be arranged and supervised by some central organization, but the services of local medical men acting under the guidance and control of an expert are required for detailed routine work For the perfection of any useful work in school hygiene there are thus two essentials-an expert medical adviser for each authority, and a local school doctor attached to the staff of every school or small group of schools, having the supervision of not more than two or three thousand school children

Main objects of medical inspection —In addition to the discovery of unrecognized defects and the prevention of disease, the main objects to be attained by the system of medical supervision are —

(1) The physical welfare of each individual child and of the nation as a whole,

(2) The adaptation of educational methods to the needs of particular groups of children;

(3) The classification of children according to their mental and physical capacities;
(4) The maintenance of clean and healthy school buildings;
(5) Interest and co-operation in school hygiene on the part of every teacher.

The manner of carrying out medical inspection.—For the successful carrying out of the system of medical inspection there are three essentials. The first essential is that a local medical practitioner should be appointed to the staff of every small group of schools, and that he should visit each school, say once a week or fortnight, so as to keep in constant touch with the children and teachers. The second is that the local nurse should be associated with the school routine and should be the intermediary between the school and the home. In most districts such a school nurse might very well replace the school attendance officer. The third essential is the formation of a small School Children's Care or Health Committee for each school or group of schools, its function being to discuss the ways and means by which the doctors' and nurses' recommendations for each individual child can be carried out and to co-ordinate voluntary and charitable agencies with Government or Municipal endeavour.

We may now deal with the practical duties of

(*a*) The School Doctor
(*b*) The School Nurse
(*c*) The Teachers
(*d*) The Parents
(*e*) The School Children's Health (or Care) Committee.

(*a*) *Duties of a School Doctor.*—They may be summarized thus:—

(1) To examine cursorily every child about the time of its admission to an infant class, as to cleanliness, and as to its obvious physical defects. This first examination should be conducted in the presence of parents or guardians.

He should also inspect the child three times more at stated intervals during its primary school career.

(*a*) in detail at about the seventh year of age.
(*b*) at about the tenth year of age and
(*c*) at between 12 and 13th year or before the departure of the child into working life.

In the case of puplis continuing their studies in Secondary Schools and Colleges, the inspections should take place at the 15th, 17th, 19th and 21st year or before leaving school or college.

(2) To examine in detail every child at his seventh year and to decide what special educational training (if any) is suitable to the child.

(3) To visit and inspect all classes once or twice a year both as regards the general health and physique of the children and also as regards the conditions under which they are working, namely, the ventilation, lighting, etc., on the one hand and the amount and kind of work, over pressure, fatigue, physical exercises, manual training, etc.. on the other hand.

(4) To make special visits to the boys' and girls' schools once a year for the purpose of examining all children suffering from defective vision and to report upon eye disease generally. The teachers should test the vision of all children once a year, but the doctor's examination can scarcely be undertaken at the time of his visits for other work, except in very small schools.

(5) To supervise the work of nurses with regard to ringworm, vermin, and skin affections and to visit each school once a week or a fortnight for the general examination of special children selected by the teacher or nurse. The results of this visit should be recorded in a register kept at the school. (Appendix A.)

(6) To advise the Health Committee of each school upon various points of hygiene bearing upon educational matters and to give definite instructions about the care of the delicate and defective children.

(7) To give lectures to teachers and parents upon school hygiene and elementary physiology.

(8) To issue certificates for the exclusion of boys from a school for the following purposes:—(*a*) to prevent the spread of diseases, *e.g.*, measles, small-pox, whooping cough, etc., (*b*) for uncleanly or verminous condition of childran and (*c*) on account of the state of health or physical or mental defects. In the last case, a full report should be furnished. If uncleanly or verminous condition of the children is not remedied by the parents, they may be excluded permanently from the school, prosecution of the parents being impossible in this country. This duty might be combined with the weekly visit to the schools.

(9) To investigate (if necessary in conjunction with the Medical officer of health) all epidemics and out-breaks of infectious disease in the schools and also to take necessary steps to prevent not only the spread of the disease but also the necessary closure of the school

(10) To conduct the examination of school environment in accordance with the schedule for examination of schools (Appendix B)

(11) To carry out original investigations and to do research work, especially in the larger towns

With regard to their duties, the following regulations should be carefully followed —

(*a*) The inspection should be conducted in school hours and on school premises, and in such a way as to interfere as little as may be with school work The examination of each child need not, as a rule, occupy more than a few minutes

(*b*) The convenience of the teaching staff and the circumstances of each school must receive consideration, and in these matters and in the actual examination, the medical officer will no doubt exercise sympathy and tact, giving due thought to the personal susceptibilities of those concerned

(*c*) The facts revealed by inspection must be entered in the schedule for medical inspection (Appendix C) kept in the school, the confidential nature of many of the entries, being carefully respected A copy of the entries should be transmitted with the child to any other school to which he or she may go.

(*d*) Every School Doctor should make an annual report at the end of the official year to the District Medical Officer, who will be the District School Doctor, on the schools and children under his superintendence The District School Doctor will submit his annual report to the Central Medical Bureau at the Sanitary Commissioner's Office

(*e*) The report should be concerned chiefly with the conditions and circumstances affecting the health of the children in the schools of the area placed in charge of the school doctor

(*f*) It should also contain statistical records of the number of children examined and of those re-examined or under medical supervision, the nature and results of the examinations, the number of visits paid to classes, the number and character of the diseased conditions found at certain age periods, particulars as to blind, deaf, defective and epileptic children, the medical advice given both as to the prevention of conditions inimical to health and the remedy of diseased conditions that may be discovered, action taken, and so forth

In addition to such records it will be well, as far as practicable, to make systematic comparisons of the individual and collective measurements and characteristics of the children in each school with standard and local records, both as a means of determining the condition of health of particular children or classes, for guidance in future action, and as part of the anthropometric survey-an ideal which should be kept in view

(*b*) *The School Nurse*

The duties of a School Nurse are —

(1) To assist the local School Doctor at his examinations in the schools and to carry out his instructions

(2) To keep records of progress of individual children between the doctor's visits, making special notes as to what treatment has been obtained

(3) To hold a preliminary examination of all infants on their first admission to nursery schools or infant's departments as to cleanliness and obvious defects

(4) To be responsible for the supervision of personal hygiene and cleanliness of all children (under the direction of a Superintendent of nurses)

(5) To recognize ringworm, favus, scabies and other contagious conditions

(6) To recognize discharging ears and the commoner external eye diseases such as corneal ulceration, conjunctivitis, ophthalmia etc

(7) To pay regular weekly visits to the schools for these purposes and for advising teachers in regard to the exclusion of doubtful cases of infectious and contagious diseases.

(8) To weigh and take the height and chest measurement of children when any system of anthropometry is introduced or to help the teacher in so doing

(9) To gain an insight into the home conditions of children by following up.

(*c*) *The School Children's Care Committee* —The functions of a School Children's Care Committee are —

(1) To see that the children attending school shall be healthy children from healthy homes

(2) To select necessitous children for the provision of free meals

(3) To see that medical treatment is provided for children found to be in need after medical inspection.

(4) To watch over the child after leaving school in his or her early employments.

(5) To see that neglectful parents are reminded of their responsibilities.

(6) To watch over the general welfare of children (recreation, scholarship evening schools, clubs, scouts corps, etc.

(7) To secure the co-operation of local voluntary and charitable societies, guilds of help, etc.

(*d*) *The Teachers.*—Head teachers are to be regarded as the "Chief Instruments" in the scheme of medical supervision.

Their functions are:—

(1) To see that effect is given to all reasonable and practical suggestions of the School Doctor and the nurse for the improvement of the general condition both of the teachers and of the taught.

(2) To test the visual acuity of all children once a year, and also (when machines and standards are introduced) to weigh and measure the children both opportunities being seized for a lesson in practical mensuration or calculation.

(3) To keep under observation any children whom school doctor or nurse indicates as requiring special attention. Such cases should be referred to the Care Committee.

(4) To keep in constant touch with the parents, and from time to time to summon a conference of a number of parents at the school, so that they can see their children at work and play.

(5) To issue Cards of Advice to parents concerning their children's health.

(6) To submit to his immediate official superior a quarterly statement of children treated by the School Doctor, in the prescribed form. (Appendix D.)

(*e*) *The Parents.*—Their duties are:—

(1) To attend the first medical examination of their children shortly after admission to the Infant class, and from time to time also attend informal conferences at the school held by Head Teachers.

(2) To learn the elements of healthy living.

(3) To teach their children the most elementary habits of cleanliness, the use of a pocket hand-kerchief, the habit of nasal breathing, and the cleansing of teeth.

(4) To take prompt measures to remedy physical disabilities and defects in their children on receipt of Advice Cards issued through the medium of Head Teacher (Appendix E.)

(5) To actively and willingly co-operate with the Educational and Medical authorities in the health education of their children.

Administration.—A scheme of organization which is likely to ensure effective results must now be considered.

First of all, there should be provision for a central authority to supervise and to direct. Then comes an organization for urban areas including large and small towns. And lastly we have to arrange for the medical inspection of schools and scholars in rural areas.

A.—The Central Medical Bureau-(The School Medical Board).

The organization at the Sanitary Commissioner's office of a sub-department known as the Central Medical Bureau is desirable. It may consist of the Sanitary Commissioner as President, the Deputy Sanitary Commissioner as Vice-President and two Medical Officers stationed at Bangalore as members with a full-time Secretary who shall be a Medical Officer specially trained in school hygiene. A small staff of Medical Superintendents of Schools, say, 2, with a clerical establishment is also necessary to help the Board in inspectional duties.

The functions of the Board are:—

(1) To advise School Doctors as to their duties and methods, as also to supervise their work.

(2) To acquire an up-to-date knowledge of school hygiene;

(3) To investigate the progress of thought and discovery in other countries.

(4) The collate and make practical use of the reports and statistics resulting from routine inspection;

(5) and finally to submit to Government annually through the Education Department a carefully considered statement of the practical results of medical inspection, as well as any further recommendations that may be necessary for further action.

No. 5220-68—EDN. 164-14-2, DATED 24TH MARCH 1916.

The Board will work in close association with the Education Department.

B. Organization for Urban Areas.

(*a*) *Large towns or District Headquarters.*—The District Medical Officer shall be the District School Doctor who will supervise the work of all local School Doctors throughout the district. At all District Headquarters, one or more of the Assistant or Sub-Assistant Surgeons shall be appointed local School Doctors. As far as possible, these officers may be kept for at least three years in a place.

(*b*) *Small towns or Taluk Headquarters.*—In these places, the Assistant or Sub-Assistant Surgeons will do the duties of local School Doctors.

C. Organization for Rural Areas.

In all villages where there are dispensaries, the services of Sub-Assistant Surgeons may be similarly utilized. But a large number of villages in the State have no dispensaries and as a consequence the children reading in Village Elementary Schools have to forego the benefits accruing from medical inspection. This drawback can be met either by the opening of Central Dispensaries in each taluk for the convenience of people living within a radius of 10 or 12 miles or by Travelling Dispensaries.

Inspection Tours.—The officers of the Medical and Sanitary Departments will also in their tours pay visits to schools and make suggestions towards the physical welfare of children.

Financial remuneration of School Doctors and Nurses.—If we are to have Medical Inspection, let us have good men to do the work and let us pay them for their work. Permanent efficiency requires skilled workers, careful administration and adequate remuneration. At present nothing is paid and the work done is not as efficient as it ought to be. The following rates of remuneration are therefore proposed :—

District School Doctors to receive	...	...	Rs. 25 a month
Local School Doctors to get	...	...	,, 10 ,,
School Nurses	...	...	,, 7 or
			,, 5 a month

When School Doctors are asked to work outside their jurisdiction, they may get their travelling allowances at the prescribed rates.

APPENDIX A.

....School

Register of sickly children who attended for treatment the .....Dispensary during the quarter ending.....19

Serial No.	Name of child	Father's name	Age of child	Class in which the child is reading	Nature of ailment	Dates of child's attendance at the dispensary to be treated by the Medical Officer with his initials	Date of discharge and initials of Medical Officer	Result of treatment to be entered by the Medical Officer	Remarks

APPENDIX B.

Schedule for Medical Examinations of Schools.

(1) Site and surroundings; soil and subsoil; distance from other buildings, busy roads, railways, factories emitting dust, smoke, etc., places where offensive trades are carried on, markets, sites for weekly fares, etc.

(2) Buildings; general plan: condition of floors, walls and ceilings; provision for urinals, latrines, playgrounds, etc.

(3) Provision for supplying drinking water to the children during school hours.

(4) Drainage.

(5) Lighting, relative position of scholars' and teachers' desks; position of the blackboard; kind of desk, seat and back; space between desks; maps, diagrams, etc., as regards their visual clearness.

(6) Cleanliness of school rooms; arrangements made to prevent accumulation of dust; provision of school waste paper basket.

No. 5220-68—EDN. 164-14-2, DATED 24TH MARCH 1916.

APPENDIX C.

IN COUNTERFOIL.

Schedule of Medical Inspection.

Name.....School .....

Father's name..... .....Date of birth.....

Address..... .....

Illness previous to admission.

Measles	Small-pox	
Rheumatism	Scarlatina	
Whooping cough	Tuperculosis	

Family Medical History (if exceptional).

	I	II	III	IV
1. Date of inspection				
2. Standard				
3. Age at examination				
4. Height				
5. Weight				
6. Whether vaccinated or not ...				
7. Clothing				
8. General Nutrition				
9. Skin				
10. Heart				
11. Lungs				
12. Teeth				
13. Throat and nose				
14. Neck glands				
15. Ears				
16. Eyes and vision				
17. Nervous system				
18. Mental condition				
19. Other defects noted				
20. Remarks, *e.g.*, Regularity of attendance				
21. Recommendations made by the School Doctor				

Initials of Examiner.

Reference No

Notes for School Doctors.

3 and 4. When there is a great discrepancy between the height and weight of a boy, the School Doctor will make a more minute examination of that boy later on. He should also be examined periodically during the term.

6. The Doctor will note whether clothing is sufficient and clean, or otherwise.

7. The Doctor will note any deviation from the normal. In case of defective nutrition the cause must be sought, *e.g.*, chronic disease, influence of home conditions, amount and nature of food or sleep, excessive work out of school hours or any bad habits of the child. If the child shows evidence of parental neglect, a visit to the child's house is to be made and parents persuaded to pay more attention to the child.

8. The Doctor will note the general condition and cleanliness of the skin and particularly of the scalp; the presence of ringworm, scabies, etc.

No. 5220-68—Edn. 164-14-2, dated 24th March 1916.

Reference No.

9. Any evidence of strain on the heart or of rheumatic heart disease will be noted.
10. Under this head is noted any evidence of incipient tuberculosis, measurement of the chest at nipple line during deep inspiration and expiration.
11. Under this head are noted any dental defects pertaining both to the temporary and permanent teeth, *e.g.*, caries inflamation of the gums, pus coming out of the roots of teeth, general cleanliness of teeth, offensive smell from the mouth, etc.
12. Condition of the tonsils, any adenoids, chronic nasal discharge, mouth breathing, etc., will be noted.
13. Any signs of enlargement will be noted.
14. Chronic aural discharge, signs of deafness, collection of wax in the ears, etc., will be noted.
15. Under this head will be noted external eye diseases, *e.g.*, blepharities, conjunctivities, inflammatory conditions of the cornea, etc., errors of refraction, *e.g.*, kind and degree of myopia will receive attention, the children being tested by Snellen's test letters; the Doctor will also see if there is any squint, etc.
16. Under this head the Inspector will note any evidence of the following:—Chorea, habit spasm, over-pressure leading to over-fatigue, headache, loss of sleep, bad temper, defects of articulation, lisping, stammering, etc.
17. The mental condition will be classified as (1) bright, (2) fair, (3) dull, (4) backward. Any mentally defective or imbecile children should not be allowed in ordinary schools.
18. Any enlargement of spleen or liver should be noted.
20. Under this head should be noted any recommendations for reduction of mental work or of physical exercise or any particular form of exercise suitable for the boy.

The school teachers should be examined medically. Any sign of tuberculosis in a teacher renders him unfit for his profession. Neurasthenia, migraine, loss of voice, laryngitis and dyspepsia from which teachers usually suffer, should be properly treated.

APPENDIX D.

.....School

Return of the Medical Inspection of pupils in the school for the.....quarter

Ailment	Number of children recommended to undergo treatment	Number of children treated	Results of treatment

Head Teacher.

APPENDIX E.

Card of advice to parents concerning Physical defects discovered by Medical Inspection of school children.

1. Name of child	
2. Name of parent	
3. Class in which the child is reading	
4. Age	
5. Disease or defect noticed in the child	
6. Remedial measures suggested by the Medical Officer or the Head Master.	
7. Remarks	

Forwarded to..... Signature.

No. 5220-68—Edn. 164-14-2, dated 24th March 1916.

APPENDIX F.

.....School

Record of the results of the Medical Inspection of school children conducted by Medical and Sanitary Officers during the quarter commencing.....and ending 19

1. Name and designation of the Medical Officer	
2. Date of inspection	
3. Results of inspection with special reference to the health of children, sanitary condition of accommodation, school environment, etc., and remedial measures suggested.	

Initials of the Medical Officer.

---

(3)

Letter No. 3243, dated 13th January 1915, from the Sanitary Commissioner with the Government of Mysore, to the Inspector-General of Education in Mysore.

With reference to your letter No. 9016--1415, dated the 26th November 1914, on the subject of the medical inspection of school children, I have the honor to state that Mr. Ramaswamaiya, in his note admirably sums up the methods of school inspection and its objects. The system is, I take it, designed to give a fairly complete view of the physical and mental condition of the children in so far as that affects their capacity for being educated. The ultimate aim and responsibilities, however, of Government or of the local social organisation, if such could be called into being, do not seem to be sufficiently exhaustively dealt with in the note.

2. It may be taken as a recognised fact that many children in school have some defect or another which seriously handicaps them and very often neither child, parent nor teacher suspects anything wrong until the doctor discovers it. In the course of routine inspection, defects and ailments of varied nature and magnitude are revealed. There may be found blind and deaf children, children who are crippled by paralysis or by Tuberculosis, children who are mentally deficient or are epileptic, who have seriously diseased heart and lungs or are suffering from disablements, such as spinal curvature, enlarged tonsils, etc. Now all these very seriously defective children should be adjudged unfit for ordinary schools. Should special schools be opened for the education of particular groups of children, taking account of their circumstances? Have the tuberculous, for instance, to have their own open air-schools or are they to be allowed to attend the ordinary schools to constitute a source of grave danger to the health of other children? Again, among remediable defects those of eye, ear, nose, throat, teeth, etc., are so numerous that the existing means of treatments in the local dispensaries are inadequate. How is it proposed to deal with such cases? It appears to me that in any comprehensive programme for the medical inspection of schools and school children, all these facts should be taken into account and duly provided for, as far as possible.

3. As regards the forms, etc., prescribed, I have one or two suggestions to make. Form C instead of being in counterfoil may be printed on stout card-board and preserved in the school as a permanent record for future reference, and for use at the next routine inspection. Each child inspected should have its own card.

It is laid down in the note that the examination of each child need not as a rule occupy more than a few minutes. I do not agree in this. If inspection is to be efficiently carried out not more than 20 or 30 children can be examined on any one day. It would be well if the teacher makes out beforehand a list of some 30 children and presents them before the Medical Officer on the appointed date. The remaining children should similarly be arranged in batches till the inspection of all the children in the school is completed.

4. In view of the fact that the discovery of defects or ailments in children has invariably to be followed up by a course of regular treatment in the Hospital, I do not think it would be conducive to efficiency to appoint an itinerant school Sub-Assistant Surgeon for each district. The local Sub-Assistant Surgeon may, in my opinion, continue to inspect the children in the school and subsequently treat them at the dispensary. As this arrangement necessarily involves heavy work and added responsibilities, suitable allowances on the scale

suggested on page 14 of the note might be given I, however, note below the cost of entertaining a School Sub-Assistant Surgeon as proposed :—

		Rs.
1. Pay	... ...	50 plus 15 per mensem
2. Peon	... ...	7 per mensem
3. Contingencies	... ...	100 per annum
4. Travelling allowances	. .	300 per annum

The Sub-Assistant Surgeon, if one is appointed, should be a man of experience and therefore of the rank of at least the 2nd grade.

(4)

Letter No 13720-1—2246, dated 10th February 1915, from the Inspector-General of Education in Mysore, to the Senior Surgeon with the Government of Mysore.

With reference to your letter No. 3243, dated 13th January 1915, I have the honor to state that as a preliminary to the development of the scheme outlined by Mr. Ramaswamaiya, a first attempt at examining all the pupils attending the educational institutions at District Headquarters may be made in the early part of July next. It is also necessary that a series of lectures on health should be delivered to the teachers under training in the Normal Institutions at Mysore, Kolar, Tumkur and Shimoga I find that the Government of Madras have already arranged for the medical examination of children in the schools situated within the Municipal limits of Madras It may be presumed that the examination at each place may last for about twenty days and if you can spare the services of the required number of Medical Officers for the period, I shall address Government to sanction a sum of Rs. 1,000 for giving such remuneration to each Medical Officer as you may fix and for the tabulation of the results. In the light of these results, the scheme for the future may be elaborated.

Regarding the Health Lectures, I beg to know if arrangement can be made and what remuneration has to be offered at each of the four places Mysore, Shimoga, Tumkur and Kolar.

(5)

Letter No. 4024, dated 1st March 1915, from the Sanitary Commissioner with the Government of Mysore, to the Inspector-General of Education in Mysore.

In acknowledging receipt of your letter No 13720-1—2246, dated the 10th ultimo, I have the honour to request you to be so good as to let me know the approximate number of pupils attending the Educational Institutions at each of the District Headquarters and the standard of educational qualifications prescribed for the teachers undergoing training in the Normal Institutions.

(6)

Letter No 15800—2634, dated 22nd March 1915, from the Inspector-General of Education in Mysore, to the Sanitary Commissioner with the Government of Mysore

With reference to your letter No. 4024, dated the 1st March 1915, I have the honour to give below the approximate number of pupils attending the Educational Institutions at each of the District Headquarters. The standard of educational qualifications prescribed for teachers undergoing training in the District Normal Schools at Kolar, Shimoga and Tumkur is the Kannada Lower Secondary Examination, while in the Mysore Training College, the standard ranges from the Kannada Lower Secondary to the B.A. Degree .—

Station	Number of boys	Number of girls	Total
Bangalore City	6,616	2,895	9,511
Mysore City	6,205	1,809	8,014
Kolar	1,384	441	1,825
Tumkur	1,724	802	2,526
Hassan	735	522	1,257
Chikmagalur	821	310	1,131
Shimoga	1,000	393	1,393
Chitaldrug	909	206	1,115
Total ..	19,394	7,378	26,772

No. 5220-68—Edn. 164-14-2, dated 24th March 1916.

(7)

Letter No. 4735, dated 12th April 1915, from the Sanitary Commissioner with the Government of Mysore, to the Inspector-General of Education in Mysore.

With reference to your letter No. 15800—2634, dated the 22nd ultimo, I have the honour to state that in places where there are Health Officers or District Sanitary Officers, the medical examination of pupils will be conducted by them and where there are no such officers the District Medical and Sanitary Officer will be entrusted with the work. In the case of the Bangalore and Mysore Cities the Health Officers will be assisted in the work by the Medical Officers in charge of the Dispensaries in the various Municipal Divisions. The Medical Examination of school girls is best undertaken by the local Lady Medical Officers. As regards remuneration I note that you propose to allot a sum of Rs. 1,000 for the Medical Examination of pupils, for the tabulation of the results and for the health lectures to be delivered to candidates in the Normal Schools. If the whole amount be utilised exclusively for the first of the three items, the average fee per boy or girl examined would work out at 7·1 pies. I am afraid this sum is much too inadequate and would propose the payment of at least one anna for each case examined. For tabulation, a small clerical staff will have to be entertained temporarily and attached to your office. I presume that all the necessary registers and forms will be made available by your department.

2. In regard to the testing of the eyes and vision of pupils, I apprehend some practical difficulty. It is likely that the inspection will reveal numerous cases which either for preliminary testing or for confirmation of result may have to be sent to the Minto Ophthalmic Hospital at Bangalore. Provision will have to be made for the cost of such secondary testing including the travelling expenses of pupils.

3. The course in hygiene for the teachers under training in the Normal Schools may consist of a series of fifteen lectures arranged under the following heads:— the human body, air, food, water, epidemic diseases and how to prevent them and modern sanitary methods in general. The District Medical Officer or during his absence, the Senior Medical Officer under him will deliver the lectures. I propose paying a remuneration of Rs. 5 per lecture.